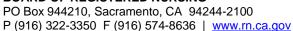


BOARD OF REGISTERED NURSING





PROBATION NURSE SUPPORT GROUP FACILITATOR QUARTERLY REPORT

INSTRUCTIONS: Quarterly reports MUST be submitted to the Board by the Facilitator NO LATER than 10 days after the end of each quarter. The reports MUST be faxed to (916) 574 - 8636, mailed to the Board at the address listed above or e-mailed directly to the Probation monitor. The report MUST reflect accurate information and each section must be answered completely or the report will be returned for correction.

		REPORTING	PERIOD		
☐ Jan. 1 – Mar. 31	,due betwee	en 4/1-4/10] Jul. 1 – Sept. 30	due betwe	een 10/1-10/10
☐ Apr. 1 – Jun. 30	,due betwee	n 7/1-7/10	Oct. 1 – Dec. 31,	due betwee	en 1/1-1/10
PARTICIPANT	NAME:		RN#		
PROBATION M	IONITOR:				
		ATTENDA	ANCE		
Did you cancel a	ny meeting(s) duri	ing the quarter?	YES	NO	(circle one)
If yes, list the exe	act dates the meeting	ng(s) were cancell	ed:		
the quarter?	cancelled meetings YES NO act dates the partici	(circle one)		ended ALL m	neetings during
		COMME	NTS		
Has the particip	ant reported AND NO	•	pected ANY drug Describe the circui		

Describe the participant's level of participa	rticipatio	on with NSG, i	ncluding his/her motivation in the
Describe any issues that may be affect	eting the	participant's	
Additional Comments (List any addit	tional cor	ncerns the Boa	ard may need to be aware of):
	SIG	NATURE	ive been afforded an opportunity to ask
		owledge.	
FACILITATOR NAME: (PRINT)_		owledge.	
		owledge.	
		owledge.	
SIGNATURE:E-MAIL ADDRESS:		owledge.	ATE SIGNED: PHONE #

BRNPROB110 - REVISION 1/25/2017